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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
OR

Attorney Docket Number	AGALIN 3.0-003 II
First Named Inventor	Royce S. Fishman
COMPLETE IF KNOWN	
Application Number	10/631,911
Filing Date	July 31, 2003
Group Art Unit	N/A
Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR EASING PAIN AND ANXIETY FROM ATRIAL OR VENTRICULAR DEFIBRILLATION

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application No. and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/08 attached hereto:

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DECLARATION — Utility or Design Patent Application

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

Direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or Bar Code Label	000530	OR <input type="checkbox"/> Correspondence address below
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Name _____

Address _____

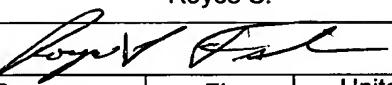
City	State	ZIP
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Country	Telephone	Fax
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Royce S.	Family Name or Surname	Fishman
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Inventor's Signature		Date	9/4/03
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Residence: City	State	United States of America	Citizenship
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Mailing Address:	906 W. Skyview Crossing Drive		
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City	State	ZIP	United States of America Country
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Michael R.	Family Name or Surname	Ujhelyi
-------------------------------------------	------------	---------------------------	---------

Inventor's Signature	Maple Grove		
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Residence: City	State	United States of America	Citizenship
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Mailing Address:	9317 Tewsbury Gate N.		
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City	State	ZIP	United States of America Country
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

LD-537



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PTO/SB/01 (03-01)
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

Direct all correspondence to: Customer Number or Bar Code Label 000530 OR Correspondence address below

Name _____

Address

City	State	ZIP
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Royce S.	Family Name or Surname	Fishman
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**Inventor's
Signature** _____ **Date** _____

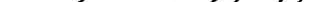
Hernando FL United States of America US
Residence: City State Citizenship

Mailing Address: 906 W. Skyview Crossing Drive

Hernando FL 34442 United States of America
City State ZIP Country

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Michael R.	Family Name or Surname	Ujhelyi
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Inventor's Signature  Date 10-6-03
Maple Grove MN United States of US

Mailing Address: 9317 Tewsbury Gate N.

City	Maple Grove	MN State	ZIP	55311	United States of America Country
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Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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